

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

OMAR MINUS

12 CV 9464

DOC #

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(In the space above enter the full name(s) of the plaintiff(s).)

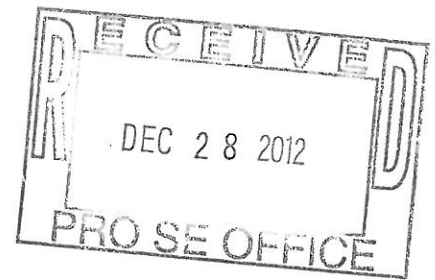
-against-

EDWARD HOWARD, ANOTHONY BOMBOLINO, JASON MILLER,  
NAHAL BATMANGHELIDJ, ROBERT BRIERE

COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)



(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name OMAR MINUS  
ID # 12-R-0135  
Current Institution RIVERVIEW CORRECTIONAL FACILITY  
Address P.O. BOX 247, OGEDNSBURG, N.Y. 13669  
Dorm D2/Bed 21

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

1. EDWARD HOWARD, DETECTIVE shield # 3695, NEW YORK CITY POLICE DEPARTMENT
2. ANOTHONY BOMBOLINO, DETECTIVE shield # 1314, NEW YORK CITY POLICE DEPARTMENT
3. JASON MILLER, DETECTIVE shield # 2120, NEW YORK CITY POLICE DEPARTMENT
4. NAHAL BATMANGHELIDJ, NEW YORK COUNTY DISTRICT ATTORNEY
5. ROBERT BRIERE, ATTORNEY I.D. # RB6080, 110 Wall Street Floor 11

Defendant No. 1      Name EDWARD HOWARD      Shield # 3695  
                                  Where Currently Employed NEW YORK CITY POLICE DEPARTMENT  
                                  Address ONE POLICE PLAZA, NEW YORK, N.Y. 10013

Defendant No. 2      Name ANOTHONY BOMBOLINO      Shield # 1314  
                                  Where Currently Employed NEW YORK CITY POLICE DEPARTMENT  
                                  Address ONE POLICE PLAZA, NEW YORK, N.Y. 10013

Defendant No. 3      Name JASON MILLER      Shield # 2120  
                                  Where Currently Employed NEW YORK CITY POLICE DEPARTMENT  
                                  Address ONE POLICE PLAZA, NEW YORK, N.Y. 10013

Defendant No. 4      Name NAHAL BATMANGHELIDJ      Shield # \_\_\_\_\_  
                                  Where Currently Employed NEW YORK COUNTY DISTRICT ATTORNEY  
                                  Address ONE HOGAN PLACE, NEW YORK, N.Y. 10013

Defendant No. 5      Name ROBERT BRIERE      Shield # RB6080  
                                  Where Currently Employed ATTORNEY 18-b  
                                  Address 110 Wall Steet, Floor 11, NEW YORK, N.Y. 10005

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? No institution, during the due process of law, in the county of NEW YORK.

B. Where in the institution did the events giving rise to your claim(s) occur? NO institution I am giving rise to my claim. These events occurred on the street of my arrest.

C. What date and approximate time did the events giving rise to your claim(s) occur? MY ARREST DATE 13th day of August, 2011; 7:00 a.m., at NEW YORK COUNTY, Sullivan Street and Washington Square South.



D. Facts: Upon the events of my arrest and due process of law, DET. JASON MILLER violat-

ed my search and seizure rights by issuing an arrest of I, OMAR MINUS for an drug  
transaction with the lack of tangible property. Then DET. EDWARD HOWARD applied

unreasonable and excessive force when issuing an arrest, the detective applied an  
choke hold to retrieve two(2) bags of crack-cocaine that was in the mouth of the  
Plaintiff, in which caused I, OMAR MINUS to visit Bellivue Hospital to recieve

treatment of an choke hold with an neck and throat, eye exam. The prisoner treat-  
ment form is inconsistance with the Bellivue Hospital medical records. DET. ANOTHONY  
BOMBOLINO swore falsely during his Grand Jury, Pre-trial Hearings and Jury Trial

by testifying that he was the one who recovered the two(2) bags of crack-cocaine  
from the ground and that he found five hundred and forty nine dollars(\$549.00) in  
in the pants pocket of the said Plaintiff are inconsistance with his Pre-trial and  
Jury trial potential testimony, in which he testifies not recalling the amount of  
drugs or U.S. Currency recovered from the said Plaintiff. DET. EDWARD HOWARD'S

testimony is also inconsistant with his Grand Jury, Pre-trial Hearings and Jury  
Trial potential testimony, in which testifies he told the A.D.A. MS. NAHAL BATMAN-  
GHELIDJ during the case peperation, he recover one(1) twist bag of crack-cocaine

and DET. BOMBOLINO recovered the other one(1) twist bag of crack-cocaine. During the  
Pre-trial Hearings the A.D.A. MS. NAHAL BATMANGHELIDJ admitted to prosecution misconduct  
in which she was aware of the falsely swearing during the Grand Jury Proceeding.

The A.D.A. MS. BATMANGHELIDJ apologized for her Prosecutor Misconduct.

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment,  
if any, you required and received. During the emergency visit to Bellivue Hospital, I OMAR  
MINUS received treatment for an choke hold applied by DET. EDWARD HOWARD. The treat-  
ment was neck, throat and eye exam for blurred vision from the choke hold, cleaning of  
scrapped knees, elbows and face, finally an tetanus shot in the arm.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought  
with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner  
confined in any jail, prison, or other correctional facility until such administrative remedies as are available are  
exhausted." Administrative remedies are also known as grievance procedures.

I, did not exhaust none of the remedies available, cause these event happened on  
the scene of my arrest, on the street.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☐ No ☒

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☒ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: YES.



The reason why I, OMAR MINUS did not file my grievance is, the events occurred on the street and the court of NEW YORK county.

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2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any: \_\_\_\_\_
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- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. \_\_\_\_\_
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**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). Since I OMAR MINUS is confined for three(3) years for an conviction with the lack of evidence, in which the Court and Jury had too speculate an conviction. I want the Court to issue each defendant in this said action the compensation of one hundred thousand dollars(\$100,000) from each defendant. For the I lost family tighs, and the blurred vision I received from the said choke hold.

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**VI. Previous lawsuits:**

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_\_\_ No ☒

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No ☒

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 2 day of JANUARY, 2013.

Signature of Plaintiff

Omar Minus

Inmate Number

12-R-0135

Institution Address

RIVERVIEW CORRECTIONAL FACILITY

P.O. BOX 247,

OGDENSBURG, N.Y. 13669

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 2nd day of JANUARY, 2013 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Omar Minus